

**KENTUCKY TEACHERS' RETIREMENT SYSTEM**

479 Versailles Road

Frankfort, Kentucky 40601

PH: 502/848-8500

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**DISTRICT PERSONNEL ACTION**

1. Name \_\_\_\_\_ 2. Social Security # \_\_\_\_\_
3. Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_
4. Phone ( \_\_\_\_\_ ) \_\_\_\_\_ 5. Date of Birth \_\_\_\_\_
6. Name Change (Member's signature on line 14) \_\_\_\_\_  
Previous Name \_\_\_\_\_  
Previous Address \_\_\_\_\_
7. Change in Employer From \_\_\_\_\_  
To \_\_\_\_\_
8. Position Status (check one)  
Full-time: \_\_\_\_\_ Substitute: \_\_\_\_\_  
Part-Time contractual: \_\_\_\_\_ Part-Time noncontractual: \_\_\_\_\_
- 9a. Enclosed Personnel Action  
Change in Position to: \_\_\_\_\_  
(*ex: Regular Teacher to Principal*)
- 9b. From \_\_\_\_\_ Days to \_\_\_\_\_ Days  
(*Contract days in prior position to days in new position*)
10. Total Contract Salary \$ \_\_\_\_\_
11. First Day of Work in this District \_\_\_\_\_, 20 \_\_\_\_\_
12. Have you ever withdrawn an account with the Kentucky Teachers' Retirement System?  
(*circle one*) YES NO
13. Signature of District Designee \_\_\_\_\_  
Printed Name \_\_\_\_\_
14. Send Beneficiary Change Forms (*circle one*) YES NO
15. \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_\_  
Member Signature (*for name change only*)

**THIS FORM MAY BE DUPLICATED**